

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/019873 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
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38	/					
39	/					
40	/					
41	/					
42	/					
43	/					
44	/					
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	40					
TOTAL CLAIMS	44					

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS